



IDAHO DEPARTMENT OF
HEALTH & WELFARE

Division of Licensing & Certification

DDA/ResHab Certification - Statement of Deficiencies

Agency:	Center Pointe, Inc.	Region(s):	3
Agency Type:	DDA	Survey Dates:	29 Nov 2016
Certificate(s):	DDA-5336	Certificate(s) Granted:	<input type="checkbox"/> 6 - Month Provisional <input checked="" type="checkbox"/> 1 - Year Full <input type="checkbox"/> 3 - Year Full

Rule Reference/Text	Findings	Agency's Plan of Correction (Please refer to the Statement of Deficiencies cover letter for guidance)	Date to be Corrected (mm/dd/yyyy)
16.03.21.410.02.e. 410. GENERAL TRAINING REQUIREMENTS FOR DDA STAFF. Each DDA must ensure that all training of staff specific to service delivery to the participant is completed as follows: 02. Sufficient Training. Training of all staff must include the following as applicable to their work assignments and responsibilities: e. Participant's rights, advocacy resources, confidentiality, safety, and welfare; and (7-1-11)	Review of agency documentation revealed the agency's staff training lacked documentation of participant's rights and advocacy resources.	<i>1. A new training form was created that includes sign off spots for all training areas. Please see form attached at the end of this document (page 5). 2. Staff previously hired will fill out the form and any necessary training will be given. 3. The clinical supervisor will go over the form with each existing staff and will complete the form with each new hire. 4. Staff files are audited to ensure adherence with rule.</i>	<i>12/7/2016</i>
16.03.21.500.04. 500. FACILITY STANDARDS FOR AGENCIES PROVIDING CENTER-BASED	Review of agency evacuation plans revealed the evacuation plans were not complete.	<i>1. Corrected during survey 2. Corrected during survey 3. Corrected during survey</i>	<i>11/29/2016</i>



Division of Licensing & Certification

DDA/ResHab Certification - Statement of Deficiencies

Rule Reference/Text	Findings	Agency's Plan of Correction (Please refer to the Statement of Deficiencies cover letter for guidance)	Date to be Corrected (mm/dd/yyyy)
SERVICES. The requirements in Section 500 of this rule, apply when an agency is providing center-based services. 04. Evacuation Plans. Evacuation plans must be posted throughout the center. Plans must indicate point of orientation, location of all fire extinguishers, location of all fire exits, and designated meeting area outside of the building. (7-1-11)	For example: Two evacuation plans did not indicate the location of the fire extinguisher, point of orientation, and the designated meeting area outside of the building. Corrected during survey.	4. <i>Corrected during survey</i>	
16.03.21.905.03.a 905. PARTICIPANT RIGHTS. Each DDA must ensure the rights provided under Sections 66-412 and 66-413, Idaho Code, as well as the additional rights listed in Subsection 905.02 of this rule, for each participant receiving DDA services. 03. Method of Informing Participants of Their Rights. Each DDA must ensure and document that each person receiving services is informed of his rights in the following manner: a. Upon initiation of services, the DDA	Review of agency documentation revealed the agency lacked documentation to ensure that each person receiving services and his/her parent or guardian were informed of advocacy services.	1. <i>A protection and advocacy form has been created. Item L on the Participants rights was added and acknowledgement that signing the document means they received the protection and advocacy sheet. Please find these documents at the end (pages 6-8).</i> 2. <i>Both participants' parents will be given the new documents and signatures will be obtained.</i> 3. <i>The clinical supervisor will make sure that the corrective action is taken and completed.</i> 4. <i>All new participants will be given</i>	12/23/2016



Division of Licensing & Certification

DDA/ResHab Certification - Statement of Deficiencies

Rule Reference/Text	Findings	Agency's Plan of Correction (Please refer to the Statement of Deficiencies cover letter for guidance)	Date to be Corrected (mm/dd/yyyy)
must provide each participant and his parent or guardian, where applicable, with a packet of information which outlines rights, access to grievance procedures, and the names, addresses, and telephone numbers of protection and advocacy services. This packet must be written in easily understood terms. (7-1-11)		<i>these documents upon intake.</i>	
16.03.21.915.04. 915. POLICIES AND PROCEDURES REGARDING DEVELOPMENT OF SOCIAL SKILLS AND MANAGEMENT OF MALADAPTIVE BEHAVIOR. Each DDA must develop and implement written policies and procedures that address the development of participants' social skills and management of maladaptive behavior. These policies and procedures must include statements that address: 04. Function of Behavior. Address the possible underlying causes or function of a behavior and identify what participants	Review of agency documentation revealed the agency lacked statements addressing the possible underlying causes or function of a behavior and identifying what participants may be attempting to communicate by the behavior.	<ol style="list-style-type: none"> 1. A section will be added to IPs to indicate the function of the maladaptive behavior that is being corrected. The new section will state: <i>If this is a replacement behavior, what (problem) behavior is this replacing? What was the function of the problem behavior?</i> 2. Each IP for existing participants will be modified to include this section. 3. The clinical supervisor will make the required corrections to the IP template and existing IPs. 4. As the template will be modified all future IPs will automatically have the 	12/13/2016



IDAHO DEPARTMENT OF
HEALTH & WELFARE

Division of Licensing & Certification

DDA/ResHab Certification - Statement of Deficiencies

Rule Reference/Text	Findings	Agency's Plan of Correction (Please refer to the Statement of Deficiencies cover letter for guidance)	Date to be Corrected (mm/dd/yyyy)
may be attempting to communicate by the behavior. (7-1-11)		<i>function of the behavior included in them.</i>	

Agency Representative & Title: Christine Kildow, Ph.D., Clinic Director <i>* By entering my name and title, I agree to implement this plan of correction as stated above.</i>	Date Submitted: 12/13/2016
Department Representative & Title: Sandi Frelly, Medical Program Specialist <i>* By entering my name and title, I approve of this plan of correction as it is written on the date identified.</i>	Date Approved: 12/19/2016